

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41642

32

File No. ....

Registered No. ....

1. PLACE OF DEATH

County Montgomery Registration District No. 595  
Township Upper Centre Primary Registration District No. 4353  
City Willsville (No. ....) St. .... Ward)

2. FULL NAME Allen Burwell

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Burwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March -18-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation 111

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Gilbert Burwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Elmince Derby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Marion Warren (ADDRESS) Willsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionburg DATE Dec 26 1931

19. UNDERTAKER Franklin (ADDRESS) Willsville Mo

20. FILED Dec 27 1931 Mrs O'Brien Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Dec 24, 1931

I last saw him alive on Dec 24, 1931 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of mouth Dec. 1830  
General metastases

Other contributory causes of importance:  
Terminal pneumonia Dec 21-31

Name of operation None Date of 4  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Q. O'Brien

(Address) Willsville Mo

